UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees 20	2017 HAY 10 PH 3: 20
	U.S. I	U.S. HOUSE OF A PRESENTATIVES HO
Name: John culberson Da	Daytime Telephone: 202-225-2571 A \$200 individ	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: Texa House of Representatives District: 7	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017)	Amendment Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE C	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ent with an Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	a single Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	hore than Yes No No Period?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	charity in Yes No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	DULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Offering during the reporting period? If you answered "yes" to this question,	please Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded	excluded Yes No 1
EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilitial three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet irst consulted with the Committee on Ethics.	they meet Yes No L

	316	Z	200	I	\$		Examples:	DC SP	For bank and other all interest-bearing its every financial is \$1,000 in interest-bearing; \$1,000 in interest-bearing; \$1,000 in interest-be property," and a city For an ownership in that is not publicibe that is not publicibe. For an ownership in that is not publicibe that is not publicibe that is not publicibe. A city of the property of the publicibe that is not publicibe. A city of the property of the publicibe that is not publicibe. The publicibe that is not publicibe that is not publicibe that is not publicibe. The publicibe that is not publicibe. The publicibe that is not publicibe. The publicibe that is not publicibe that is not publicibe. The publicibe that is not publicib	401(k) plans) the account the	Assets lidentify (a) expreduction of it exceeding \$1,0 and (b) any other that generated during the year. Provide complete (do not use only for all IRAs a
	winder confestibles	Store Stock	soa alketerian	Houstan Hame	LIMOSSA SOPINS	ABC Hedge Fund		SP Mega Corp. Stock	For bank and other cash accounts, total the amount in list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., Tental property, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period): and any financial income during the reporting period): and any financial increast in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or independent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedde A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in unearned income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).
	Sergi		Sec.	ען	474	×		목	the amount in sover \$5,000, its more than its geographic is geographic is geographic and its geographic is geographic. It is an excepted box. If an asset or its an excepted box it an asset or language (3F) or anyone (JT),	asset held in resholds.	urces vestment or market value morting period, roe of income med" income mutual funds
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					<		흏		\$15,001-\$50,000	0	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.
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		•	Amusty			Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For accounts that generate tax-deterred income (such as 401(k), IRA, or 528 accounts), you may check the Tax-Deterred Column. Dividends, interest, and capital galins, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.
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	,								\$50,001-\$100,000	≦	Amount of Income hyou checked 'Tax-Defen n' you checked 'Tax-Defen n' column. For all other e by checking the appn t, and capital gains, e d, as income for assets 'Nons' if no income was as seeds held by your spouse to interest.
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						L		<u> </u>	\$1,000,001-\$5,000,000	×	in Blows in
			<u> </u>	<u> </u>	<u> </u>	_		ļ	Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	×	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generaled. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
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	SAUE							S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold heave indicate as the period of the

Name: John Culberson

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									military collectibles	military collectiones	multrary coile chibies	military collectibles	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	Dischase or sale of your personal residence, urless it generated tental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	dependent child for investment of the production of income, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the report any parchase, sale, or exchange transactions that exceeded \$1,000 in the
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															Over \$1,000,0 (Spouse/DC A		*	

SCHEDULE C - EARNED INCOME

Name: John culberson	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. state of Temas retirement Examples: State of Maryland
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) アンシング LEUISLANNE PERSIAN Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Type 30,224.00 Amount \$6,000 \$18,000 \$1,000 N/A

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owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable).

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ر د د	SCOOL STORY	***	2560	AMER	Example			
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2017	7014	2014	1992	1988	5/98	Date Liability Incurred MO/YR		
HOUSTON HOME MATURE	REVOLVING CREDIT	RENOCHIAG CEEPIT	RENOLVING CREDIT	RENOWING CREDIT	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000	_	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	,	Position	Positions held in any religious, social, fraternal, or political entities
	\ (Name of Organization	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

SCHEDULE F - AGREEMENTS

Name: John culberson Page 6 <u>으</u> 0

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

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Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

\$400	Silver Platter (determination of personal friendship received from the Ethics Committee)	Example: Mr. Joseph Smith, Arlington, VA
Value	Description	Source

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
John
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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¥	Υ	٧	DC-Boston-DC	Mar. 3-4	Examples: Habitet for Humanity (charity fundralser)
Z	۲	۲	DC-Beijing, China-DC	Aug. 6-11	Government of China (MECEA)
Family Member Included? (Y/N)	Food? (Y/N)	Lodging? (Y/N)	City of Departure-Destination-City of Return	Date(s)	Source

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Activity Speech Article Feb, 2, 2016 Aug. 13, 2016 Date Amount \$2,000 \$500